



## **Mental Health Update** **May 25, 2006**

### **Conference on the Needs of Returning Veterans and their Families**

On June 8, 2006, the Military, Family & Community Network is sponsoring a conference titled "From the War-zone to the Home-front" at Norwich University. This conference, co-sponsored by VDH, AHS Field Services and other organizations, is for health care providers and community service members who are interested in understanding the needs of, and resources available to, returning veterans. Interested Designated Agency staff are encouraged to attend to learn more about their agency and community's role in addressing the needs of this population. The agenda and registration form is available by clicking on the link below, or address questions to Sherry Burnette, AHS Trauma Coordinator at 802-241-4576 ([sherryb@wpgate1.ahs.state.vt.us](mailto:sherryb@wpgate1.ahs.state.vt.us)) . You can register by calling Michelle Hough, VDH, at 802-652-2000.

[http://healthvermont.gov/mh/training/060806guard\\_conf.pdf](http://healthvermont.gov/mh/training/060806guard_conf.pdf)

### **Mental Health & Vocational Rehabilitation Organizations Honored for Supported Employment**

Mental health and vocational rehabilitation agencies in three Vermont communities were recognized on May 18 for their success in helping people with serious mental illness transition back to work. The Department of Disabilities, Aging and Independent Living (DAIL) VocRehab offices in Barre, Rutland and White River Junction, in partnership with Washington County Mental Health Services, Rutland Mental Health Services and the Clara Martin Center, offer a model of vocational rehabilitation services called evidence-based supported employment. All of the agencies were presented with the Johnson & Johnson-Dartmouth Community Mental Health Program recognition award for their outstanding efforts. The awards were presented at the Vermont Employment forum at Vermont College by DAIL Commissioner Patrick Flood and by Paul Blake, VDH deputy commissioner for mental health.

In the supported employment model, employment specialists help people with mental illness evaluate their own vocational skills, preferences and experiences, conduct their own job search, and provide support to help people succeed. Twice the number of Vermonters with mental illness – approximately 28 percent compared to 15 percent nationally – have been able to get and keep competitive jobs in their communities, compared to communities that do not have evidence-based supported employment programs in place.

"One of the tasks of a Supported Employment program is to help break the 'cycle of pain' for people dealing with psychiatric symptoms," said Paul Miller, the employment coordinator for *Green Mountain Workforce*, Washington County Mental Health Services'

employment program. “The program philosophy is to use employment as a way of creating a positive personal vision for success, while helping participants develop safe, legal, and hopefully satisfying ways for them to support themselves.”

Supported employment is welcomed by employers such as Jane Edwards, a former owner of the Montpelier restaurant *Julio's*. “A sound and profitable economic environment is one that utilizes and respects all its resources. We are extremely lucky to have the *Green Mountain Workforce* in our area to call on for competent, dependable, and hardworking people.”

The national Johnson & Johnson Dartmouth Community Mental Health Program is sponsored by the Johnson & Johnson Division of Corporate Contributions in collaboration with the New Hampshire-Dartmouth Psychiatric Research Center. The award-winning Vermont agencies were some of the first in the nation to participate in the program and their success has helped lead to an expansion of the program to other states and other Vermont agencies. VDH now contracts with the New Hampshire-Dartmouth Psychiatric Research Center to provide training and technical assistance to each of the 10 community mental health employment programs in Vermont.

### **First Vermont Employment Forum Promotes Supported Employment**

The Vermont Department of Health, Division of Mental Health, sponsored the First Vermont Employment Forum on May 18, 2006 to explore the impact of employment on adults with mental illness who are receiving services through the Agency of Human Services. This successful forum brought together over 65 individuals from various agencies including the Division of Mental Health, Division of Vocational Rehabilitation, Alcohol & Drug Abuse Program, Department of Corrections, Department of Labor, Vermont State Hospital, Vermont Psychiatric Survivors, Vermont State Housing Authority, Community Businesses, and individuals living with a mental illness. The forum offered the participants an opportunity to review current initiatives, learn about evidence-based supported employment practices, and begin to develop strategies to support regional collaboration around employment.

Robert E. Drake, MD, PhD from the New Hampshire-Dartmouth Psychiatric Research Center presented on current developments in Supported Employment for individuals with a psychiatric disability. Dr. Drake and Deborah Becker, also present at the forum, researched and formalized evidence-based supported employment that is now used all over the world. The state of Vermont, in collaboration with the NH-Dartmouth Psychiatric Research Center, implemented evidence-based supported employment within each of the 10 designated community mental health centers beginning in 1998.

For more information on the Division of Mental Health's Supported Employment programs, please contact Laura Flint at [lflint@vdh.state.vt.us](mailto:lflint@vdh.state.vt.us) or call 802-652-2028.

### **Pennsylvania COSIG Conference**

Last week, staff from the Division of Mental Health attended the COSIG (Co-Occurring State Incentive Grant) conference co-sponsored by Drexel University College of Medicine, the state of Pennsylvania Office of Mental Health and Substance Abuse

Services, and the Institute for Education and Training in Addictions. Annual conferences focused on co-occurring disorders started in Pennsylvania in 1988. The theme of this year's conference was the promotion of recovery-oriented programs and practices for individuals with co-occurring mental and substance use disorders. Running concurrently, there was a two day training for consumer educators on the Mary Ellen Copeland WRAP (Wellness Recovery Action Plan) model originated here in Vermont. The recovery theme was endorsed in addresses from plenary speakers Charles Curie from SAMHSA, Stanley Sachs of the Co-occurring Center of Excellence and internationally renowned consultants Ken Minkoff, Christy Cline and David Mee-Lee. This was a valuable opportunity for Vermont, as newcomers to the COSIG community, to share and hear about lessons learned from the experiences of implementing co-occurring disorders treatment.

## **FUTURES PROJECT**

### **FAHC Campus Development Parameters and Site Options Considered**

The VSH Futures Facilities Work Group met Monday and reviewed a draft presentation on co-locating a new, primary, inpatient program on the FAHC campus. The outline presents the policy and clinical advantages of co-location. In addition, it describes the development constraints on the FAHC campus including zoning, height restrictions, storm water considerations, and the MOU with the City of Burlington.

The “program of space needs” for the primary program, developed in consultation with the Facilities Work Group, is also summarized in the presentation. This has been programmed for two preliminary concepts: first a 32-bed inpatient program that is connected to FAHC in such a manner that support services (laundry, kitchen, administrative space, admissions and so forth) would be provided by the host hospital. The second concept is based on phasing connectivity to the FAHC inpatient core and also integrating the existing FAHC 28-bed program. In this approach, we would begin with a 32-bed “stand-alone” program. At a later date, the support space needed for the stand-alone program would be converted to inpatient space to consolidate the psychiatric service in one location, and a connector to the FAHC inpatient core established.

Finally, we reviewed different areas of the campus for locating the new service and discussed the advantages and disadvantages of these general options. This work is designed to communicate preliminary concepts and will be reviewed and discussed with local stakeholders (Ward 1 neighbors, municipal officials, and elected representatives) to eventually develop a preferred approach.

The draft power point presentation is posted with this update.

### **Secondary Inpatient Program Development**

Rutland: The Futures team met with Rutland Regional Medical Center CEO Tom Huebner and VP Mark Monson to review a proposed floor plan to renovate space adjacent to the existing psychiatric inpatient program. The renovation would create a small unit for higher acuity patients and would also enable RPMC to make fuller use of its existing 19-bed capacity. Based on the discussion, the group agreed to prioritize the

placement of the nursing station to assure clear lines of sight and proximity to key supports. In order to better use existing space and to design access to outdoor space, the next draft concept will rethink the entire foot print of the space.

Brattleboro Retreat: Medical Directors Tom Simpatico and Bill McMains met with the Retreat leadership to discuss plans for creating additional new programming. The clinical teams are reviewing all admissions to VSH from the “southern” four counties of Windsor, Windham, Bennington, and Rutland to better understand what specific programmatic changes would be needed in order to treat most, if not all, admissions.

### **Crisis Bed Work Group**

Led by Jeff Rothenberg of the Clara Martin Center, the crisis bed work group met this week and focused on surveying the Emergency, CRT, and Inpatient directors about the last six months of adults who were seen and hospitalized for psychiatric care. The survey is designed to generate a realistic appraisal of what type of program approach would be most useful in reducing inpatient admissions.

This crisis bed work group is charged to develop recommendations for a program model that could have the greatest impact on hospitalization and to also recommend where such programs should be developed.

### **VSH Employees’ Work Group**

The employees’ work group met this week. The group has discussed a range of options for transitioning the VSH workforce to a new program and will begin its analysis of these options at the next meeting on June 5. The pros and cons of each option will be based on criteria that is being developed, including:

- operational cost-effectiveness
- responsiveness to changes in psychiatric best practices
- use of current staff expertise and experience in a new setting
- impact on retention of current staff
- access of patients to medical care
- feasibility of recruiting needed staff
- state-of-the-art psychiatric care and continuous improvement

### **New Futures Advisory Committee Schedule of Meetings Announced**

The calendar (“Upcoming Meetings”) posted with this update lists the next year of Futures Advisory Committee meetings and many new work group meetings. Please mark your calendars.

## **VERMONT STATE HOSPITAL CENSUS**

The Vermont State Hospital Census was 52 as of midnight Wednesday night. The average census for the past 45 days was 49.5.